

# Event Details

## State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	1
Event Round	Version		
2	1		
Event Name	RFP 21-3605 External Evaluation Services		
Start Time	Finish Time		
03/16/2021 10:30:00 EDT	03/22/2021 15:00:00 EDT		

Event Currency: US Dollar  
Bids allowed in other currency: No

Bid Number: 2  
Bid Date: 03/19/2021 11:57:33 EDT  
Total Bid Amount: 794,010.50

Bidder: Professional Data Analysts  
219 Main St. SE  
Suite 302  
Minneapolis MN 55414  
United States

Submit To: Health  
State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204  
United States

Contact: Stephanie Nelson-00061  
Phone:  
Email: SteNelson@idoa.in.gov

## Event Description

The State has decided to give respondents the opportunity to improve their proposals by providing more competitive pricing. You should receive a separate email containing more information regarding the Best and Final Offer (BAFO) opportunity.

## General Questions

Question	UOM	Best	Worst	Response
Are you submitting revised pricing in response to this best and final offer request from the State of Indiana? Please answer Yes or No. This question MUST be answered.				<input type="text" value="Y"/>

Required: Yes Mandatory ResponseNo

### Response Comments

If you answered YES, then attach your revised cost proposal, Attachment D. If you answered NO, then bypass this question and the remaining event questions.

Required: No Mandatory ResponseNo

A file attachment is required to satisfy this question.  
Your bid will need to be edited online to include attachment responses.

Does your revised pricing affect the Minority, Women or Veteran subcontractor participation submitted with your original proposal? Please answer Yes or No.

Required: No Mandatory ResponseNo

### Response Comments

If you answered Yes, then attach revised Attachments A and/or A1 along with revised subcontractor letter(s) of commitment.

Required: No Mandatory ResponseNo

A file attachment is required to satisfy this question.  
Your bid will need to be edited online to include attachment responses.

# Event Details (cont.)

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00400-0000003605	Sell	RFx	2
Event Round	Version		
2	1		
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RFP 21-3605 External Evaluation Services			
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03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

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Minneapolis MN 55414  
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Submit To: Health  
State Department of Health  
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INDIANAPOLIS IN 46204  
United States

Contact: Stephanie Nelson-00061  
Phone:  
Email: SteNelson@idoa.in.gov

### Response Comments

Does your revised pricing affect the Indiana Economic Impact statement submitted with your original proposal?  
Please answer Yes or No.

Y

Required: No Mandatory ResponseNo

### Response Comments

If you answered Yes, then attach a revised Indiana Economic Impact form, Attachment C.

Required: No Mandatory ResponseNo

A file attachment is required to satisfy this question.  
Your bid will need to be edited online to include attachment responses.

### Response Comments

# Event Details (cont.)

## State of Indiana Request for Quotation

<b>Event ID</b>	<b>Format</b>	<b>Type</b>	<b>Page</b>
00400-0000003605	Sell	RFx	3
<b>Event Round</b>	<b>Version</b>		
2	1		
<b>Event Name</b>			
RFP 21-3605 External Evaluation Services			
<b>Start Time</b>	<b>Finish Time</b>		
03/16/2021 10:30:00 EDT	03/22/2021 15:00:00 EDT		

**Event Currency:** US Dollar  
**Bids allowed in other currency:** No

**Bid Number:** 2  
**Bid Date:** 03/19/2021 11:57:33 EDT  
**Total Bid Amount:** 794,010.50

**Bidder:** Professional Data Analysts  
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Suite 302  
Minneapolis MN 55414  
United States

**Submit To:** Health  
State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204  
United States

**Contact:** Stephanie Nelson-00061  
**Phone:**  
**Email:** SteNelson@idoa.in.gov

## Line Details

**Line:** 1 **Item ID:** **Line Qty:** 1.00 **UOM:** Each  
**Required:** Yes **Reserve Price:** No

**Bid Qty:** 1

**Description:** Total Bid Amount

Question	UOM	Best	Worst	Response
What is your quote/bid price?				794010.5
Required: Yes Mandatory Response: No				

## Response Comments

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## Event Details (cont.)

### State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	4
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
Start Time		Finish Time	
03/16/2021 10:30:00 EDT		03/22/2021 15:00:00 EDT	

Event Currency: US Dollar  
Bids allowed in other currency: No

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Total Bid Amount: 794,010.50

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Minneapolis MN 55414  
United States

**Submit To:** Health  
State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204  
United States

**Contact:** Stephanie Nelson-00061  
**Phone:**  
**Email:** SteNelson@idoa.in.gov

### Bidder Information

<b>Firm Name:</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Phone #:</b>	<b>Fax #:</b>	
<b>Street Address:</b>		
<b>City &amp; State:</b>	<b>Zip Code:</b>	
<b>Email:</b>		

# Event Details (cont.)

## State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000003605	Sell	RFx	5
Event Round	Version		
2	1		
Event Name			
RFP 21-3605 External Evaluation Services			
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## Appendix C - Bid Responses

### General Questions

Question	Response
Are you submitting revised pricing in response to this best and final offer request from the State of Indiana? Please answer Yes or No. This question MUST be answered.	Y
If you answered YES, then attach your revised cost proposal, Attachment D. If you answered NO, then bypass this question and the remaining event questions.	
Does your revised pricing affect the Minority, Women or Veteran subcontractor participation submitted with your original proposal? Please answer Yes or No.	Y
If you answered Yes, then attach revised Attachments A and/or A1 along with revised subcontractor letter(s) of commitment.	
Does your revised pricing affect the Indiana Economic Impact statement submitted with your original proposal? Please answer Yes or No.	Y
If you answered Yes, then attach a revised Indiana Economic Impact form, Attachment C.	

### Line Items

Line: 1					Item ID:		Line Qty: 1		UOM: Each		Bid Qty: 1	
Total Line Bid Amount:					794010.5							
Description:					Total Bid Amount							

Question	Response
What is your quote/bid price?	794010.5